Revision: HCFA-PM-91-4 August 1991 (BPD)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

Page 1

OMB No.: 0938-

STATE	PLAN	UNDER	TITLE	XIX	of	THE	SOCIAL	SECURITY	ACT

State:	NEVADA	

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

Family Size	Need Standard	Payment Standard	Maximum Payment Amounts
1	\$ 459	\$229	N/A
2	579	288	N/A
3	699	348	N/A
4	819	408	N/A
5	939	468	N/A
6	1,059	527	N/A
7	1,179	587	N/A
8	1,299	647	N/A

2. Pregnant Women and Infants under Section 1902(a)(10)(i)(IV) of the Act:

Effective April 1, 1990, based on the following percent of the official Federal income poverty level--

X 133 percent ____ percent (no more than 185 percent) (specify)

Family Size	Income Level
1	\$ 925.00
2	1,247.00
3	1,568.00
4	1,890.00
5	2,211.00

TN No. <u>00-02</u> Supersedes	Approval Date	APR	1 0 2000	Effective	Date	04/01/00
TN No. <u>95-63</u> 99-05						

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	NEVADA	

INCOME ELIGIBILITY LEVELS

- A. MANDATORY CATEGORICALLY NEEDY (Continued)
 - 3. For children under Section 1902(a)(10)(i)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.
 - 4. For children under Section 1902(a)(10)(i)(VII) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

TN No. 92-11 Approval Date APR 1 1992 Effective Date 01/01/92

TN No. ___

	STATE	PLAN UNDER TITLE XIX	OF THE SOCIAL SECURI	TY ACT
	State:	NEVADA		
		INCOME ELIGIBILITY	LEVELS (Continued)	
В.	OPTIONAL CATEG	ORICALLY NEEDY GROUP	S WITH INCOMES RELATED	TO FEDERAL
	1. Pregnant Wo	men and Infants		
	pregnant wo	men and infants unde	me eligibility for opt r the provisions of se l)(2) of the Act are a	ctions
	Based on (no less th	percent of the an 133 percent and n	official Federal incom o more than 185 percen	ne poverty level
	<u>Fa</u>	mily Size	Income Level	
		_1	\$ <u>`</u>	
		2	\$	
	•	3	\$	
		4	\$	
	•	5	\$	
	. •			
				·
	No. 9/-22 ersedes N/A	Approval Date	N 1 & SOL Effective Da	te <u>10/01/91</u>
TN				85E

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N/A

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	State: _	NEV/	ADA		
		INCOME ELIGIBIL	ITY LEVELS (Continued)	
в.	OPTIONAL CATEGO POVERTY LEVEL	RICALLY NEEDY GRO	OUPS WITH INC	COMES RELATED	TO FEDERAL
	1. Pregnant Wom	en and Infants			
	pregnant wom	or determining in en and infants un)(ii)(IX) and 190	nder the prov	isions of sec	ctions
	Based on(no less tha	percent of the normal percent and	ne official F i no more tha	ederal income in 185 percent	e poverty level
	<u>Fam</u>	ily Size	Incom	e Level	
		1	\$		
		2	\$	·	
	•	3	\$		
		4	\$		
	•	5	\$		
	•				
					•
	No. 91-22		JAN 1 & BOL	P660at ! P-1	10/01/01
Sup TN		pproval Date		Effective Dat	
				HCFA ID: 798	PE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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		STATE PLAN	UNDER TITLE XIX OF T	HE SOCIAL SECURITY	ACT		
STA	ATE:	NEVADA					
		INC	COME ELIGIBILITY LEVE	LS (Continued)			
B. OP:	TIONAL CATE	GORICALLY N	EEDY GROUPS WITH INCO	MES RELATED TO FED	ERAL I	POVERT	Y LEVEL
N/A 2.	Children	Between Age	es 6 and 8				
	born aft	er Septembe years of ag	rmining income eligi r 30, 1983, and who e under the provision	have attained 6 ye	ars o	of age	but are
		overty line	percent (no more th	an 100 percent) of	the	offici	al federal
		Fami!	ly Size	Income Level			
		1	1 2 3 4 5 6 7 8 9				

TN No. 93-02 Supersedes TN No. 92-11

Approval Date APR 16 1993

Effective Date 01/01/93

HCFA ID: 7985E

If an individual receives a title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the beginning of the month following the date of publication.

4. Income Standards in Institutions for at least 30 Consecutive Days

The income standards used in determining eligibility for individuals who are in institutions for at least 30 consecutive days is 300 percent of the SSI federal benefit rate.

TN No. 99-17	_		MOV	2 1000			
Supersedes	Approval	Date	HOT	4 .443	Effective	Date _	10/01/99
TN No. 92-11							

		ST	ATE PLAN UNDER TITLE XIX	X OF THE SOCIAL SECURITY ACT
			State:	NEVADA
			INCOME ELIGIBILITY	Y LEVELS (Continued)
C.	QUALI		MEDICARE BENEFICIARIES	WITH INCOMES RELATED TO FEDERAL POVERTY
	Medic	are be		ome eligibility for groups of qualified provisions of Section 1905(p)(2)(A) of the
	1.	NON-S	ECTION 1902(f) STATES	
		a.	Based on the following poverty level:	ng percent of the official federal income
			Eff. Jan 1, 1989:	85 percent percent (no more than 100)
			Eff. Jan 1, 1990:	90 percent percent (no more than 100)
			Eff. Jan 1, 1991: 100	percent
			Eff. Jan 1, 1992: 100	percent
		b.	Levels:	
			Family Size	Income Level
			1 2	\$696.00 N/A
TN No	sedes	00-02	Approval Date APR 10	2000 Effective Date 04/01/00

Revision: HCFA-PM-92-1 (MB) February 1992

TN No. ___

99-05

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			STATE	PLAN UI	NDER TITLE	KIX OF	THE SOCIAL	SECURI	TY ACT		
			State:		NEVADA			·			
				INCO	ME ELIGIBIL	TY LEV	ELS (Conti	nued)			
	c.	QUALII LEVEL	FIED MED	CARE BE	NEFICIARIES	WITH 1	INCOMES RÉ	LATED TO	FEDERAL	POVER	(TY
N/A	2.	SECTION MORE	N 1902(1 RESTRICT	STATE	S WHICH AS	OF JANU	JARY 1, 19	89 USED	INCOME ST	ANDAF	<u>uds</u>
	a.	Based level:		ollowin	g percent o	f the d	official F	ederal i	ncome pov	erty	
		Eff.	Jan. 1, 1	1989: ∠	/ 80 perce	nt	<u> </u>	percent	(no more	than	100)
		Eff. 3	Jan. 1, 1	1990: ∠	_/ 85 perce	nt/	·	percent	(no more	than	100)
		Eff.	Jan. 1, 1	1991: ∠	/ 95 perce	nt/	<i>,</i> 1	percent	(no more	than	100)
		Eff. 3	Jan. 1, 1	1992: 1	00 percent						
	b.	Levels		mily Si	<u>ze</u>	<u>Inc</u>	come Level:	<u>3</u>			
						\$_ \$_		- -			
						•					
				•							
	Sup	No persedes No	89-14	Approva	l Date	Ati 1	Effec	ctive Da	te <u>10/0</u>	1/91	

HCFA ID: 7985E

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

			group income le listed on an at	ttached page 3
(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for months	Amount by which Column (2) exceeds limits specified in 42 CFR	Net income level for persons living in rural areas for months	Amount by wh Column (4) exceeds limi specified i 42 CFR
/	urban only	435.1007 ¹ /		435.1007 ¹ /
_7	urban & rural			
1	<u> </u>	<u> </u>	S	s
2	\$	s	<u> </u>	<u> </u>
3		S	<u> </u>	s
4	\$	\$	\$	\$
_For ea addi- tional person, add:		\$ thods for excluding		\$ or FFP
pay			whose income excee	

SUPPLEMENT 1 TO ATTACHMENT 2.6-A Revision: HCFA-PM-91-4 (BPD) AUGUST 1991 Page 9 OMB No.: 0938-STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT NEVADA State: INCOME LEVELS (Continued) D. MEDICALLY NEEDY N/A (4)(5) (1)(2)(3) Family Net income level Amount by which Net income level Amount by which Column (2) exceeds limits for persons living in protected for Size Column (4) exceeds limits maintenance for rural areas for months specified in specified in 42 CFR months 42 CFR 435.1007¹/ $435.1007^{1/2}$ urban only urban & rural For each additional person, add: The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

TN No. Supersedes TN No. 90-14	Approval D	Date	JAN 1 3 199	92	Effective Date 10/01/91
IN NO					HCFA ID: 7985E